

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER NVS3351ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2010
NAME OF PROVIDER OR SUPPLIER Specialty Surgicare of Las Vegas, LP		STREET ADDRESS, CITY, STATE, ZIP CODE 7250 Cathedral Rock Las Vegas, NV 89128	

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 00	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 1/05/10 and finalized on 1/06/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure ongoing compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	A 00		
A102 SS=D	<p>The following deficiencies were identified.</p> <p>NAC 449.983 Protection from Fire and Other Disaster</p> <p>1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:</p> <p>(1) A rehearsal and a review of the plan at least</p>	A102	<p><i>Accepted</i> <i>Updine, J</i> <i>1/8/10</i></p>	

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Lee Ann Besik

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DATE
1/20/10

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A 102	Continued From page 1 once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Based on interview and document review the facility failed to ensure a disaster drill was conducted at the facility at least once a year. 1. A review of the facilities disaster drill records revealed the last documented disaster drill conducted at the facility was on 4/25/07. 2. On 1/5/09 at 4:30 P.M. the administrator confirmed the facility had not conducted any disaster drills in the past year. Severity: 2 Scope: 1	A102	The Disaster Plan has been reviewed with no revisions by the Administrator on January 14, 2010. The Disaster Plan was approved by the Governing Body on 1/20/2010. See Attachment A, O. A Disaster Drill (Earthquake) was conducted on January 18, 2010 at 1200PM with the Center staff with written report and evaluation. Results reported to Governing Body 1/20/10. See Attachment B, O. 2010 Drill Schedule was created by Administrator on January 18, 2010. 2010 Drill Schedule distributed to Clinical Director, Risk Manager on January 18, 2010 via email for coordination. Responsible Persons: Administrator, Clinical Director, Risk Manager Compliance Monitoring: The Administrator will monitor to assure all disaster drills are conducted as per plan. See Attachment C. Results will be reported to Safety, QI, MEC, and Governing Body.	1/18/2010
A112 SS=D	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: Based on interview, record review and the facilities tuberculosis exposure control plan, the facility failed to ensure 2 out of 10 employees surveyed had record of an initial 2 step Mantoux tuberculin skin test upon hire. (employees #1, #8) Severity: 2 Scope: 1	A112	Upon notification on non-compliance during the exit summary, the Administrator and Clinical Director reviewed the Center's existing TB Exposure Control Plan and Symptom Surveillance Form with no changes made. On 1/18/2010, the Infection Control Nurse reviewed the Tuberculosis Exposure Control Plan, Communicable Disease Preparation, Infection Control Plan and Employee Health Nurse job description with Employee # C who is the Center's Employee Health Nurse. See Attachment D. Employee # 1 completed 2 -step TB skin test on 1/15/10. Test negative. See Attachment E. Employee #2's initial PPD test performed on 1/19/09 revealed a positive reaction of 10mm. Employee sent to Concentra on 1/21/2009 for chest x-ray. Chest x-ray results revealed 5mm calcified granuloma v. left peri-hilar region. Employee sent to Concentra on 1/26/2009. Results of physical exam revealed employee found to be free from active TB with no medical restrictions. Tested. See Attachment F.	1/13/2010 1/18/2010
A9999	Final Comments Chapter 449 NAC Section 15.	A9999		

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Kyle Dan Belyk

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A9999	Continued From page 2 Each program for the prevention and control of infections and communicable diseases must include policies and procedures to prevent exposure to blood borne and other potentially infectious pathogens, including, without limitation, policies and procedures relating to: 1. Hand hygiene, including provisions regarding the time and procedure for handwashing with soap and water or use of an alcohol based hand rub. 2. Proper use of medical gloves. Those policies and procedures must, at a minimum provide that each person who works at an ambulatory surgery center must wear medical gloves when the person: a. Anticipates coming in contact with blood and bodily fluids. b. Handles contaminated instruments, items and equipment. c. Handles biohazard waste. d. Handles linen potentially contaminated with biohazard waste; and e. Performs housekeeping activities or cleans contaminated surfaces. 3. Safe injection practices to prevent the contamination of equipment used for injections and medication. 4. Proper handling of sharps instruments and the disposal of sharp instruments.	A9999	<p><i>Accepted</i></p> <p>An Employee Checklist was revised on 1/18/2010 by the Administrator which provides a specific area to note the date which documents the employee's receipt of Step 1 and Step 2 of the Mantoux tuberculin skin test with Administrator sign-off. See Attachment G.</p> <p>Responsible Persons: Administrator, Admin Asst; Employee Health Nurse.</p> <p>Compliance Monitoring: The Infection Control Nurse and Administrator will monitor to assure compliance. See Attachment G, H. Results will be reported to QI, MEC and Governing Body.</p> <p>A. Policies and Procedures</p> <p>Policies and Procedures were revised on 1/15/2010 by the Administrator to comply with the State of Nevada Regulations which provided additional detail within the Hand Hygiene policy on the proper use of medical gloves describing that gloves must be worn at a minimum when a person: 1) Anticipates coming in contact with blood and bodily fluids; 2). Handles contaminated instruments, items and equipment; 3). Handles biohazard waste; 4). Handles linen potentially contaminated with biohazard waste; and 5). Performs housekeeping activities or cleans contaminated surfaces. See Attachment J.</p> <p>In addition, a separate policy was created on 1/15/2010 by the Administrator specifying that individuals who work at Specialty Surgery Center must wear medical gloves when the person: 1) Anticipates coming in contact with blood and bodily fluids; 2). Handles contaminated instruments, items and equipment; 3). Handles biohazard waste; 4). Handles linen potentially contaminated with biohazard waste; and 5). Performs housekeeping activities or cleans contaminated surfaces. See Attachment J.</p> <p>Governing Body approved policies and procedures on 1/20/2010. See Attachment O.</p> <p>Staff were educated on the Center's Infection Control Program with considerable focus on policies of Hand Hygiene and Proper Use of Medical Gloves ;</p>	<p>1/18/2010</p> <p>1/15/2010</p> <p>1/15/2010</p>

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A9999	<p>Continued From page 4</p> <p>medications to a surgical patient.</p> <p>Severity: 2 Scope 1</p> <p>Chapter 449 NAC Section 18.</p> <p>1. Each ambulatory surgical center shall designate an employee or enter into a contract with a person to oversee and manage all aspects of the program for the prevention and control of infections and communicable disease.</p> <p>2. the person described in subsection 1:</p> <p>a. Shall complete specialized training in the prevention and control of the development and transmission of infections and communicable disease; and</p> <p>b. Shall ensure that the program for the prevention and control of infections and communicable diseases for the ambulatory surgery center:</p> <p>1. Complies with all applicable federal, state and local laws;</p> <p>2. Is consistent with the guidelines adopted by the governing body pursuant to section 13 of this regulation; and</p> <p>3. Is reviewed with all employees of the ambulatory surgical center and all persons under contract with the ambulatory surgery center who work at the center and have exposure to patients at the center within the first 10 days of employment and every 12 months thereafter, or more often if required pursuant to subsection 19 of this regulation.</p>	A9999	<p>Control Committee, QI Committee, MEC and Governing Body. See Attachment M</p> <p>Responsible Persons: Administrator, Medical Director, Clinical Director, Infection Control Nurse</p> <p><i>Accepted 1/2/10</i></p>	

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A9999	Continued From page 5 Section 19 1. Each employee of an ambulatory surgery center and each person under contract with an ambulatory surgery center who works at the center and has exposure to patients at the center shall receive training and be evaluated by supervising staff on his knowledge and skills concerning the program for the prevention and control of infections and communicable diseases within the first 10 days of employment and at least 12 months thereafter. 2. An employee or person under contract with the ambulatory surgery center may be required to receive training and evaluation described in subsection 1 more often than every 12 months if his supervisor determines that such training and evaluations are necessary to ensure he understands and will follow the policies and procedures of the program for the prevention and control of infections and communicable diseases. Based on observation, interview and training record review, the facility failed to ensure the infection control nurse had specialized training in prevention and control of the development and transmission of infections and communicable diseases and was knowledgeable about the facilities infection control guidelines, policies and procedures. Severity: 2 Scope: 3	A9999	<p><i>Accepted</i> <i>Updated 1/18/10</i> <i>SP</i></p> <p>Employee Checklist was revised by Administrator on 1/18/2010 to insure that employees of the Facility who have exposure to patients at the Center have reviewed the Facility's Infection Control Program within 10 days of hire and annually thereafter by completing an attestation. See Attachment G,K.</p> <p>Infection Control Nurse, Employee # 3 resigned from the facility on January 11, 2010.</p> <p>Employee # B was designated by the Administrator on 1/14/2010 and agreed to accept the title and responsibility of Infection Control Nurse. Employee B is very knowledgeable on the Center's Infection Control Program and Policies and Procedures and Center Surveillance Monitoring Tools. Her certificates of course completion provide detail of specialized training in the prevention and control of the development and transmission of infections and communicable diseases. Specialized training included: A). NASCA Educational Conference: Complying with the State Infection Control Practice and Sterilization Issues B). ASD Infection Control Coordinator Training; C). Managing Today's OR Suite: Sterile Processing Issues; D) Tuberculosis; E) Infection Control. See Attachment N, M.</p> <p>Employee B was appointed by the Governing Body as Infection Control Nurse on 1/20/2010. Attachment O.</p> <p>Compliance Monitoring: The Administrator will monitor compliance to assure that the Infection Control Program is in compliance. See Attachment M. Results will be reported to MEC and Governing Body.</p>	1/18/2010 1/14/2010

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